

# CABINET MEMBER SIGNING

Thursday, 15th September, 2022, 4.30 pm

**Members:** Councillors Lucia das Neves – Cabinet Member for Health, Social Care, and Wellbeing

## 1. APOLOGIES FOR ABSENCE

To receive any apologies for absence.

## 2. DECLARATIONS OF INTEREST

A member with a disclosable pecuniary interest or a prejudicial interest in a matter who attends a meeting of the authority at which the matter is considered:

- (i) must disclose the interest at the start of the meeting or when the interest becomes apparent, and
- (ii) may not participate in any discussion or vote on the matter and must withdraw from the meeting room.

A member who discloses at a meeting a disclosable pecuniary interest which is not registered in the Register of Members' Interests or the subject of a pending notification must notify the Monitoring Officer of the interest within 28 days of the disclosure.

Disclosable pecuniary interests, personal interests and prejudicial interests are defined at Paragraphs 5-7 and Appendix A of the Members' Code of Conduct

## 3. REQUEST FOR APPROVAL OF ACCEPTANCE OF THE GRANT AWARD FOR ROUGH SLEEPING DRUG AND ALCOHOL TREATMENT (PAGES 1 - 8)

## 4. REQUEST FOR APPROVAL OF ACCEPTANCE OF GRANT FUNDING FOR THE SUPPLEMENTAL FUNDING FOR SUBSTANCE MISUSE TREATMENT AND RECOVERY AND CONTRACT EXTENSION AND VARIATION OF THE CONTRACT TO HUMANKIND CHARITY (PAGES 9 - 18)

## 5. PUBLIC HEALTH COMMISSIONED GENERAL PRACTICE PREVENTION SERVICES (PAGES 19 - 28)

**6. EXCLUSION OF THE PRESS AND PUBLIC**

Items 7-8 are likely to be subject to a motion to exclude the press and public be from the meeting as they contain exempt information as defined in Section 100a of the Local Government Act 1972 (as amended by Section 12A of the Local Government Act 1985); paras 3 and 5, namely information relating to the financial or business affairs of any particular person (including the authority holding that information) and information in respect of which a claim to legal professional privilege could be maintained in legal proceedings.

**7. EXEMPT - REQUEST FOR APPROVAL OF ACCEPTANCE OF GRANT FUNDING FOR THE SUPPLEMENTAL FUNDING FOR SUBSTANCE MISUSE TREATMENT AND RECOVERY AND CONTRACT EXTENSION AND VARIATION OF THE CONTRACT TO HUMANKIND CHARITY (PAGES 29 - 30)**

**8. EXEMPT - PUBLIC HEALTH COMMISSIONED GENERAL PRACTICE PREVENTION SERVICES (PAGES 31 - 32)**

Fiona Rae, Acting Committees Manager  
Tel – 020 8489 3541  
Email: [fiona.rae@haringey.gov.uk](mailto:fiona.rae@haringey.gov.uk)

Fiona Alderman  
Head of Legal & Governance (Monitoring Officer)  
George Meehan House, 294 High Road, Wood Green, N22 8JZ

Wednesday, 07 September 2022

**Report for:** Cabinet Member Signing – 15 September 2022

**Title:** Request for Approval of Acceptance of the Grant Award for Rough Sleeping Drug and Alcohol Treatment

**Report authorised by:** Will Maimaris, Director of Public Health

**Lead Officer:** Sarah Hart, Senior Commissioner, Public Health, 0208 489 1480, [Sarah.Hart@haringey.gov.uk](mailto:Sarah.Hart@haringey.gov.uk)

**Ward(s) affected:** All

**Report for Key/  
Non-Key Decision:** Key Decision

## 1. Describe the issue under consideration

1.1. This report seeks approval to accept the Rough Sleeping Drug and Alcohol Grant and award 2022-25.

## 2. Cabinet Member Introduction

2.1. Not applicable.

## 3. Recommendations

The Cabinet Member for Health, Social Care, and Wellbeing is recommended:

3.1. To approve the receipt of the Office of Health Improvement and Disparities (OHID) grant for Rough Sleeping Drug and Alcohol, for the year 2022/23 and 23/24 as permitted under Contract Standing Orders 16.02 and 17.1.

3.2. To note that the indicative total value of the grant will be £1,184,613.

## 4. Reasons for decision

4.1. Substance misuse is a prevalent issue for those with a history of rough sleeping and is often an impediment to their moving to settled accommodation, if left untreated.

4.2. In 2021/22 Haringey Council successfully bid for a grant from OHID to provide street-based substance misuse services to those with a history of sleeping rough. The bid was designed by staff and residents with lived experience. Having successfully delivered on the 2021/22 programme OHID has now released further funding for Haringey for the years 2022-24. Delivery has been so successful that our grant has now been increased to a value that requires Cabinet member agreement.

## 5. Alternative options considered

5.1. The Cabinet Member could refuse to receive the grant. However, as there was a clear need for this work and strong support to tackle the impact of substance misuse on the homeless community, this option has been considered and rejected.

## 6. Background information

6.1. In response to the COVID-19 pandemic, the Minister for Local Government and Homelessness (Luke Hall MP) called on local authorities to assist in ensuring that all those sleeping rough or at risk of doing so, were accommodated. In response to 'Everybody In' the Council placed over 500 people into emergency accommodation. It is estimated that around 70% of those with a history of rough sleeping will have a substance misuse issue. People experiencing homelessness are among the most vulnerable and isolated in our society, with the poorest health outcomes. They often struggle to engage in mainstream services which they find too inflexible.

6.2. In 2020 Haringey was chosen as a phase one area for a new grant to improve access to treatment for those with substance misuse needs, who have a history of rough sleeping. Although the grant was only for one year, a further two years were expected, subject to Government agreement.

6.3. **Participation** - The Public Health senior commissioner in response to the OHID grant application announcement, undertook several participation activities to design a new substance misuse service for those with a history of rough sleeping. Design meetings were held with the Supported Housing team, substance misuse service managers and those with lived experience. A survey was also undertaken with homeless staff and people with lived experience, see box 1 below. From the co design work a theory of change, grant application and project plan were developed.

**1. Staff and service users were asked about the referral process, their response was as follows**

*clients who present with more complex challenging behaviour.*

*Referral process is overly formal, takes a long time*

*Communication and response times require attention.*

*The referral process is good; however, it will be good to have a dedicated team to work with clients with complex needs.*

**2. Staff and service users were asked about what would reduce the number of those with a history of homelessness dropping out of drug/alcohol treatment.**

The most comment response was that *homeless people find it difficult to attend substance misuse services for fixed appointment times.* Followed by *services should be delivered from places where homeless people are used to visiting. We need to have access to rapid prescribing.*

- There were also reports of misconceptions and prejudice from substance misuse staff and services towards homeless individuals.
- Communication appeared to be very poor - *services very rarely answer the phone, and overall do not do a good job of supporting clients. There needs to be consistency and proper holistic support*

Box 1 – lived experience and staff survey 2021

**6.4. New model** - The grant application contained the following new service consisting of

- 2 Bringing Unity Back into the Community (BUBIC) peer supporters
- 1 Barnet, Enfield and Haringey Mental Health (BEH) team Drug Service Senior Practitioner
- 1 Humankind Eastern European worker
- 1 trainee post – ideally for someone with lived experience.

**6.5.** The team's work is based on the theory of change developed through participation. It is flexible, based where homeless people are most comfortable to engage, including the street, hostels, and Mulberry Junction. The outcomes of the service were agreed as follows:

- **Access to treatment** - A team of psychologically informed specialist workers, provide rapid access services in the community where and when people experiencing rough sleeping are best engaged. Peer mentors support people to navigate treatment and housing pathways.

- **Sustained engagement** - Trauma informed holistic system of 1:1 and groups ensure people feel safer to address their substance misuse. If it is not the right time for treatment, then recovery activities, BUBIC's Phase 1 programme or harm reduction at HAGA is facilitated by Peer workers.
- **Successful completion**, outcomes measurement is balanced between harm reduction and abstinence principles and people's own definitions of success.
- **Stable accommodation** - Every person has an integrated substance misuse and housing care/support plan. The team is involved in incident and risk management planning in emergency/supported housing, with the view to preventing evictions.
- **Dual diagnosis** - Bridges between mental health and substance misuse services are strengthened by the emerging MDT approach between our new Rough Sleeping Mental Health Service, Street Outreach Team and Council delivered services. This leads to shorter waiting times, rapid multidisciplinary assessment, improved risk, and safeguarding responses.
- **GP registration** - All those with a history of rough sleeping are supported to register with a GP.
- **General health care** - Complex health needs are addressed via a GP with a special interest (GPSI) working with primary and secondary care and the homeless GP's.
- **Access to inpatient** - The team are reworking the inpatient pathway to account for the pace, needs and goals of people who have been rough sleeping.

## 6.6. Monitoring and outcomes of year 1

6.6.1. The service is overseen by an operational group reporting to a quarterly multi partnership Substance Misuse Rough Sleepers Steering group, which includes people with lived experience.

6.6.2. Referrals and engagement - in the last 12 months 93 complete referrals were made and followed up. This performance is good as the service only became operational in September/October 2021, then in the spring 2022 a member of staff left. Haringey now has a full team, and this is reflected in referrals increasing last quarter. We are confident we will reach our OHID targets set for October 2022.

6.6.3. In exploring which residents are engaging and who is not, the steering group can see where the gaps are arising and the successes. 56% of males have engaged compared to 36% of females. The highest numbers of referrals are the in "Other White" and "White British" groups, with around 55 - 60% engaging

in treatment. This reflects identified need and the success relates to having an Eastern European worker. Also, to note that 17 engagements were Afro Caribbean, a very hidden homeless group, for whom we plan more work. 63% of whom have engaged, which is likely to be linked to the BUBIC peers being Afro-Caribbean.

6.6.4. There is little difference in engagement between alcohol and drug users. However, although numbers are small, it appears that engagement rates of Primary Cocaine and Cannabis users are low.

6.6.5. Completions – 71% of discharged were unsuccessful. Key issues are eviction from accommodation and custody.

6.6.6. **Successes and challenges** - The aim is to make the new substance misuse rough sleeping team be a virtual part of homeless services and the Haringey Health Integrated team (HHIT). This has been achieved, there are frequent joint outreach visits and complex clients are discussed at a multi-agency team meeting. It has been challenging to set up information sharing protocols between substance misuse and homeless services to support better integration, but this is now nearly complete.

6.6.7. *Training* – substance misuse and homeless workers have been training each other, to better understand roles and cultures and for homeless workers to be more knowledgeable about drugs.

6.6.8. *Naloxone and needle exchange* – the team has been supporting hostel workers to be able to give overdose prevention help (naloxone) and needle exchange. Both were visibly being used on the substance misuse commissioners' visits to hostels.

6.6.9. *Motivation* – there have been some very successful client journeys, people who no one ever thought would make it to treatment, completing detox and rehab and moving on to re settlement. This is creating an environment of ambition around substance misuse rather than acceptance of ongoing use.

6.6.10. *Pace* – even in our proposal we were clear that the service needed to work at the pace of the individual, not everyone will be ready for treatment straight away. Our model has really been able to tap into this, with the regular visits to hostels of the peers and lots of opportunities to sit and talk through options with the substance misuse key worker. Case studies show that once relationships are built, people with a history of rough sleeping will engage with harm reduction and treatment.

### **6.7. Funding for 2022/24 to further expand the service.**

6.7.1 During the first-year Haringey homeless substance misuse peer mentors and key workers have been able to gather more information about unmet need.

6.7.2 Once again, we did some service re design and submitted a new bid to OHID for further funding. Below are the additional services

- Outreach prescribing – the team will now have a prescriber who can initiate opiate substitute therapy (OST) in the community. Currently clients need to attend the drug service for this, and they often do not or have disabilities that make this very hard. We know going to a male dominated drug service is one of the barriers for women.
- Psychology – we are going to be able to increase psychology input to this group of clients. We know that the levels of trauma are extremely high in these residents. We hope that this may be something to help with better engagement of women.
- Complex health care workers – both the alcohol and drug service will be having new complex care workers, who will help the team to manage safeguarding and complex health needs.
- Co-production and social re integration – recovery services will have a budget for activities which will help build co production, encourage use of time credits and build social inclusion.

## 6.8. Next steps

6.8.1. We would like to repeat the survey. Recent visits by the substance misuse commissioner to hostels to talk to workers, suggest that there is now high satisfaction with the substance misuse service. But there are still gaps, particularly for women successfully engaging.

6.8.2. The homeless and treatment services information sharing protocol will soon be signed. Then we will be able to understand the reasons for unsuccessful treatment episodes due to exclusions from hostels. We will then know how this can be better managed between substance misuse services and housing related support.

6.8.3. With Homes for Haringey back in the Council we are planning to work together more around prevention of evictions and antisocial behavior, where substance misuse is an issue.

## 6.9. Reporting

6.9.1. The Public Health team report outcomes quarterly to OHID and the local steering group.

## 7. Contribution to strategic outcomes

7.1. The service fulfils three crosscutting commitments of the Haringey Labour Manifesto:

1. Tackling inequalities and poverty - making services equitable and easily accessible for all Haringey residents.
2. Living Well Approach - locally delivered services.
3. Protecting our residents - Improved community safety for all ages.



## **8. Statutory Officer Comments**

### **8.1. Finance**

8.1.1. This report is seeking the approval for receipt of the OHID grant for Rough Sleeping Drug and Alcohol for the year 2022/23 and 2022/24. The total value of the grant will be £1,184,613.

### **8.2. Procurement**

8.2.1 This request for approval for the acceptance of the OHID grant for Rough Sleeping Drug and Alcohol is aligned with requirements of Contract standing Orders 16.02 and 17.1 and will assist the Council to provide much needed service provision as outlined at 4 and 6 above.

### **8.3. Legal**

8.3.1 The Head of Legal and Governance (Monitoring Officer) has been consulted in the preparation of the report.

8.3.2 Pursuant to Contract Standing Order 17.1 and Contract Standing Order 16.02 a Cabinet Member having the relevant portfolio responsibilities has authority to authorise the receipt of the grant referred to in the recommendation.

8.3.3 The Head of Legal and Governance (Monitoring Officer) sees no legal reasons preventing the Cabinet Member for Health, Social Care and Wellbeing from approving the recommendations in the report.

### **8.4. Equality**

8.4.1. The council has a Public Sector Equality Duty under the Equality Act (2010) to have due regard to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act
- Advance equality of opportunity between people who share protected characteristics and people who do not
- Foster good relations between people who share those characteristics and people who do not

8.4.2. The three parts of the duty apply to the following protected characteristics: age, disability, gender reassignment, pregnancy/maternity, race, religion/faith, sex, and sexual orientation. Marriage and civil partnership status applies to the first part of the duty.

8.4.3. Although it is not enforced in legislation as a protected characteristic, Haringey Council treats socioeconomic status as a local protected characteristic.

8.4.4. This report relates to the receipt of a grant to residents who are homeless with substance misuse issues. The service provides support to vulnerable people, including those with protected characteristics.

8.4.5. Substance misuse is highly stigmatised and so it is to be expected that adults, with a history of homelessness with protective characteristics may face additional challenges in seeking help. This is explored within the needs assessments, equity audits and service design. Having people with lived experience co deliver services and monitor service will further expand equity. Data from these projects will include all protective characteristics.

## **9. Use of Appendices**

9.1. N/A

## **10. Local Government (Access to Information) Act 1985**

10.1. N/A

**Report for:** Cabinet Member Signing – 15 September 2022

**Title:** Request for Approval of Acceptance of Grant Funding for the Supplemental Funding for Substance Misuse Treatment and Recovery and Contract Extension and Variation of the Contract to Humankind Charity

**Report authorised by:** Will Maimaris, Director of Public Health

**Lead Officer:** Sarah Hart, Senior Commissioner, Public Health, 0208 489 1480, [Sarah.Hart@haringey.gov.uk](mailto:Sarah.Hart@haringey.gov.uk)

**Ward(s) affected:** All

**Report for Key/ Non-Key Decision:** Key Decision

## 1. Describe the issue under consideration

- 1.1. **Receipt of Supplemental grant** - The Council has been given indicative budgets for 2023/2024 and 2024/25 for Supplemental grant funding for Substance Misuse Treatment and Recovery. We wish the decision maker to accept the indicative grant now, as this will allow the Council to give some providers of Supplemental services provisional three-year contracts, subject to the availability of funding. Note, the Cabinet Member for Health, Social Care and Wellbeing has accepted the grant award for 2022/23.
- 1.2. **Variation of Contract** - Supplemental grant funding is to support improvements in existing substance misuse treatment and recovery services. Humankind is best placed to deliver new supplemental grant services as a variation of their main substance misuse contract - Integrated adult substance Misuse treatment and recovery services lot two.
- 1.3. **Extension of Contract** - The Humankind Integrated adult substance Misuse treatment and recovery services lot two contract was approved by Cabinet in 2019 for a period of four years with 2, two-year extension provisions and the initial term ends on 31<sup>st</sup> January 2023. Contract delivery is satisfactory and so it is most efficient to use the contract extension options to extend the contract at the same time as requesting a contract variation.

## 2. Cabinet Member Introduction

- 2.1. Not applicable.

## 3. Recommendations

The Cabinet Member for Health, Social Care, and Wellbeing is recommended:

- 3.1. To approve the receipt of the Office for Improvement and Disparities (OHID) grant 'Supplemental funding for substance misuse treatment and recovery' for the year 2023/24 and 2024/25 in accordance with Contract Standing Orders (CSO) 16.02 and 17.01 The value for the indicative grant will be £1,303,160 for 2023/24 and £2,515,389 in 2024/25.
- 3.2. In accordance with Contract Standing Orders 16.02 and 10.02 .1 (b), to agree the use some of the grant monies (as outlined in this report) to vary the existing contract with Humankind Charity for Integrated adult substance Misuse Treatment and Recovery services lot two from 1st April 2022 until 31st January 2025 a period of or 31 months) at a total value of £918,332.
- 3.3. To include the Supplemental grant, financial year 2022/23 £283,290 and subject to OHID agreement 2023/24 £346,387 and 2024/25 £288,655.
- 3.4. In accordance with CSO 16.02 and 10.02.1 (b), to agree contract extension of the Humankind contract for Integrated Adult Substance Misuse Treatment and Recovery services: lot two, for two years from 1st February 2023 until 31st January 2025, such extension to include the variation referred to in para 2.2 above. Total value of extension £1,779,814.56.
- 3.5. To delegate authority to the Director of Public Health to approve a further extension in the total value of £57,731 for a further period of 2 months from 1 February 2025 to 31 March 2025.

#### 4. Reasons for decision

- 4.1. **Accepting the grant** - Reducing the impact of drugs and alcohol misuse on adults, families and the community is a cross cutting Council priority. The Council therefore welcomes a significant uplift in funding for substance misuse treatment. The public health team along with providers and service users have designed the services that this grant will be used for.
- 4.2. **Preferred providers** - Humankind is an existing provider of Haringey substance misuse services, having successfully bid in an open tender process for the Alcohol service, Young People's service, Recovery services and as a sub-contractor of the criminal justice elements of the Drug service. It has partnered with the Council in several successful bids. It is strongly invested in building a better future for Haringey residents with substance misuse issues. Humankind is one of 4 providers receiving funding from this grant, others include two resident peer led organisation and our NHS substance misuse provider.
- 4.3. **Continuation elements within the Supplementary Contracts** – services within the 2022/23 Supplementary grant are not new, they were contracted within the one-year Universal grant 2021/22 and delivered by Humankind. Before awarding the Universal contract to Humankind, steps were taken to ensure that Humankind would deliver the universal services well. Humankind was a partner, with other agencies, commissioners, and services users in the successful bid for the universal grant. Humankind is still the right organisation to deliver these services well, for it has delivered the Universal contract in line with key performance indicators, overseen by Public Health commissioner's reporting into a steering group.

- 4.4. Projects within the new Supplementary grant are continuations of the Universal grant, there must not be a break in service. Humankind has already recruited into posts, established delivery, and successfully met outcomes. For these services Humankind is the only viable provider.
- 4.5. **New elements** – Humankind’s Haringey workforce are our major asset, for it is their relationship with clients that makes Haringey’s treatment system successful. In 2021, with agreement from the Council, Humankind conducted a pay review. All staff are paid London Living Wage, however for many years they have not had pay increases in line with inflation. Providers have needed to keep costs low to be competitive in tenders. Also, we want to keep our staff in Haringey, so agreed to benchmark our salaries with other competitor services in other local authorities. A pay award has been agreed between the Council and Humankind.
- 4.6. **Back dating** – We are asking for the decision maker to agree that the funding to Humankind Charity in respect of the contract variation to be backdated to April 2022. The reason for this is that Haringey’s bid for 2022/23 Supplemental grant included pay increases to staff from April 2022. This was accepted by OHID, but not in time for the funding to be applied from April 2022
- 4.7. **Variation** – Variation of the main contract for Adult Substance Misuse treatment and recovery services, is permitted by Contract Standing Orders.
- 4.8. **Extension of main contact** - After an open tender process in October 2018 Cabinet awarded a contract to CDP Blenheim (who became Humankind Charity), for Integrated Adult Substance Misuse treatment and recovery services. The award was for a period of four years with an option to extend for 2 years and a further period of 2 years total value £7,170,567.54 (for 8 years). This initial term of the contract expires on 31st January 2023. The contract is performing satisfactorily, and it would not be in the Council or residents’ interest to go out to the market at this stage for a new provider.

## 5. Alternative options considered

- 5.1. The Cabinet member could refuse to receive the grant. However, as there was a clear need for this work and strong support to tackle the impact of substance misuse on the community, this option has not been considered.
- 5.2. The Cabinet member could choose not to award the grant to Humankind and go to market for the Supplemental projects; however, it is agreed that Humankind is the only viable provider and as co-designers of the bid and existing providers, best placed to ensure services are delivered well.
- 5.3. The Cabinet member could choose not to vary the existing contract, however setting up a separate contract would create duplication and avoidable administration costs.
- 5.4. The Cabinet member could decide not to allow backdating of the contract, however the pay award has been agreed by OHID to be paid from 1st April, so it is included within the grant.

5.5. The Cabinet member could decide that the main Humankind contract should not be extended, as the existing service is delivering well, going through the disruption of a tender process is not in the interests of residents

## 6. Background

6.1. Haringey has higher rates of Opiate and Crack-Cocaine users than both the London and national rate (2016/17)

6.2. The Dame Carol Black Independent Review on Drugs published in 2019, stated that as Government has disinvested in tackling drugs, there has been a noticeable increase in drug supply and purity. This has fuelled drug related crime, particularly violent crime, and the use of vulnerable children in drug trafficking. It's also a factor in 2018 seeing the highest recorded levels of drug related death. The disinvestment in drug treatment means that long-term drug users are cycling in and out of our prisons, at great expense but very rarely achieving recovery or finding meaningful work. The review states that the total cost to society of illegal drugs is around £20 billion per year, but only £600 million is spent on treatment and prevention. So, the amount of un-met need is growing, some treatment services are disappearing, and the treatment workforce is declining in number and quality.

6.3. In 2020, to start the work of addressing the Dame Carol Black review, Haringey received £480,000 Universal grant payable over 15 months from the Office of Health Improvement and Disparities (OHID). Haringey was to use this funding to provide additional drug treatment crime and harm reduction activity.

6.4. The Council was asked to complete an application for the grant. Completion of the application was led by the public health team in close consultation with community safety, co producers and providers. The guidance was very specific that the funding was only for adult drug treatment, with a strong focus on outreach, harm reduction, criminal justice, new forms of treatment and recovery.

6.5. The grant had challenges in terms of a very fast turnaround. Plus, as stated in the Dame Carol Black Review, there was already a workforce deficit. However, Haringey made excellent progress, recognised in a visit from the Permanent Secretary of State and New Drugs unit, to meet the new teams.

6.6. The table below gives a flavour of the activities and success of the Universal Grant to date.

Table 1 Universal projects and their successes.

<b>Area of activity for the contract</b>	<b>Services</b>	<b>Achievements since July</b>
Harm reduction	Barnet Enfield and Haringey (BEH) Mental Health Trust have employed a harm reduction lead.	<ul style="list-style-type: none"> <li>• Covid vaccine information leaflet designed by service users</li> <li>• Review with service users of needle exchange pack.</li> </ul>

		<ul style="list-style-type: none"> <li>• Training of all hostel workers in preventing overdoses Naloxone pilot in 2 pharmacies</li> </ul>
Criminal reduction	Humankind – 5 new criminal justice workers, targeting males under 25 years, women, and prolific offenders, who keep revolving around systems. Offering case managers with a flexible way of working.	<ul style="list-style-type: none"> <li>• 5 graduates employed, inducted and training on the job as criminal justice workers Pathways for young male offenders designed.</li> <li>• Increase in referrals from courts and prison.</li> </ul>
Outreach	Bringing Unity Back into the Community – peer led night outreach. BUBIC is led	<ul style="list-style-type: none"> <li>• Night outreach begun.</li> <li>• Survey of these out at night to determine what night services they would like to keep them off the streets</li> <li>• Joint work in Turnpike Lane</li> <li>• Joint work in closing a crack house</li> </ul>
Peer support	Inspirit – creating a new workforce through offering residents who are ex substance misusers, who have been co-producing services or volunteering, a diploma in health and social care and substance misuse worker training.	<ul style="list-style-type: none"> <li>• 4 Haringey ex users taken onto a diploma, now reached stage of placements in services.</li> <li>• Pavilion recovery project, led by co producers begun.</li> </ul>
New treatment	BEH – brand new type of treatment that can be administered monthly	<ul style="list-style-type: none"> <li>• 12 people have commenced on Buvidal, 11 have been maintained on the medication.</li> </ul>

6.7. Humankind's main contribution to the service has been the establishment of a new criminal justice team. The team has been working in a new way, offering a total package of substance misuse care from custody into community treatment. The team are needed because currently only 23% of those leaving custody with a substance misuse issue engage in treatment, our ambition is 60%. The team also target offenders who we know drop out of treatment – young men, women. From Sept to March the team had 253 referrals and saw 105 clients. The team's successes include 13 offenders receiving a community order for alcohol treatment and 13 for drugs. 12 clients came from prison into community



treatment, 7 probation clients have voluntarily engaged. It's a great start but our ambition is to ensure every offender with a SM issue has a place in treatment.

- 6.8. New funding - The Government responded to the Dame Carol Black Review in July 2021 and subsequently published the National Drug Strategy (Dec 2021). Now it has announced a supplemental Substance Misuse Treatment and Recovery Grant, which should be used by LAs to address the aims of the treatment and recovery section of the drug strategy.
- 6.9. This enhanced funding will enable Haringey to go above and beyond what the Universal projects have achieved. Our priority for 2022/23 is to ensure that the Universal providers and co producers continue the great work and build the evidence base for their services. Then we will complete a rapid needs assessment and equality audit with partners to agree priority areas for year two and three investment. Alongside this we will simultaneously create a three-year Treatment and Recovery Plan. Importantly the new funding goes beyond the Universal grant criteria, including services for young people, families and for alcohol misuse. As well as building the main workforce and reducing caseloads.
- 6.10. Humankind deliver the alcohol treatment service HAGA. The contract for the service was awarded in January 2019. During the first year of delivery the service underwent a number of changes which had been laid out in the tender method statement. The new service was taking shape when the CV19 pandemic and subsequent lock downs came. HAGA stayed open throughout the pandemic. Staff found ways to work both virtually and face to face with clients. New clients were seen, and existing clients supported. Prior to retendering there were 484 residents in treatment in HAGA, this fell to 381 during the re-tendering and stayed consistent through the pandemic. Numbers are starting to rise again with currently 411 in treatment. Similarly, completions took a reduction during the tendering process and remained steady during the pandemic. In October a new manager was recruited into the services who is working well with Commissioners to further improve services. Earlier in the year the group work program was redesigned by staff and service users and now has double the attendances. Work with service users around physical health care has resulted in a liver care clinic starting in July 2022. Consultation with service users has just been completed looking at how to prevent cycles of client engagement and dropping out. The service is always looking at what it can do better to safeguard and improve the lives of residents.

## **7. Contribution to strategic outcomes**

- 7.1. The service fulfils three crosscutting commitments of the Haringey Labour Manifesto:
1. Tackling inequalities and poverty - making services equitable and easily accessible for all Haringey residents.
  2. Living Well Approach - locally delivered services.
  3. Protecting our residents - Improved community safety for all ages.



## **8. Statutory Officer Comments**

### **8.1. Finance**

- 8.1.1. The annual costs of the proposed extension to the Humankind have been reviewed, and it confirmed that budgets are in place to cover the cost. The contract does contain a caveat for termination should funding no longer be available.
- 8.1.2. The annual costs of the proposed variation to the Humankind contract will be funded by allocations from the Supplemental Substance Abuse Fund in each year.
- 8.1.3. The detailed financial costs are exempt information and are set out in exempt Appendix 1.

### **8.2. Procurement**

- 8.2.1. The grant award from the Office for Improvements and Disparities (OHID) may be accepted by the Council in concord with Contract Standing Orders 16.02 and 17.1.
- 8.2.2. The services, within substance misuse recovery and treatment fall within the remit of Schedule 3 of the Public Contracts Regulations 2015. The contract with Humankind was duly tendered and awarded in line with the regulations in 2018
- 8.2.3. Under Regulation 72. (1) (a) modification of contract is allowed if it was part of the original award. The contract with Humankind was let with provision for two, two- year extensions, one of which is currently requested in line with Contract Standing Orders 16.02 and 10.02.1b. The Contractor is providing a satisfactory service that meets contractual outcomes it would not be beneficial for the Council or service users to expend unnecessary resources going out to tender and disrupting service provision.
- 8.2.4. Further, Regulation 72 (1) (b) permits additional services without the need for a retender, if a change of contractor cannot be made for economic or technical reasons provided the cost is not more than 50% of the original award. Moreover, any such change, if permitted would have meant duplication of cost and administrative resources as well as significant service disruption. The request for this contract variation is also in line with CSOs 16.02 and 10.02.1b

### **8.3. Legal**

- 8.3.1. The Head of Legal and Governance (Monitoring Officer) has been consulted in the preparation of this report.
- 8.3.2. The services are categorised as Schedule 3 services (Social and other specific Services) under the Public Contracts Regulations 2015 (the Regulations).
- 8.3.3. The Regulations allow for modifications to be made to contracts without conducting a procurement in certain specified circumstances. Regulation 72 (1)

(a) allows for modification where the modifications have been provided for in the original procurement documents in clear precise and unequivocal review clauses. Legal Services has been advised that the provision for the two-year extension was included in the original tender documents and so this would be permitted under Regulation 72 (1) (a).

8.3.4. The Regulations also allow for modifications where additional services are necessary and a change of contractor cannot be made for economic or technical reasons and such a change would cause significant inconvenience or substantial duplication of costs, providing that any such increase is not more than 50% of the contract price (Regulation 72 (1) (b)). Legal Services is advised that this is the case in respect of the proposed variation to the contract to include the additional grant funding.

8.3.5. The approval of the grant would normally fall to Cabinet as the value is over £500,000 (CSO 17.1). However, in-between meetings of the Cabinet, the Leader may take any such decision or may allocate the decision to the Cabinet Member with the relevant portfolio (CSO 16.02).

8.3.6. Under CSO 16.02 the Cabinet Member for Health, Social Care and Wellbeing also has power to approve the variation and extension of contract.

8.3.7. The recommendations in this report are a Key Decision and therefore need to comply with the Council's governance processes in respect of Key Decisions.

8.3.8. The Head of Legal and Governance (Monitoring Officer) confirms that there are no legal reasons preventing the Cabinet Member for Health, Social Care and Wellbeing from approving the recommendations in this report.

#### **8.4. Equality**

8.4.1. The council has a Public Sector Equality Duty under the Equality Act (2010) to have due regard to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act
- Advance equality of opportunity between people who share protected characteristics and people who do not
- Foster good relations between people who share those characteristics and people who do not.

8.4.2. The three parts of the duty apply to the following protected characteristics: age, disability, gender reassignment, pregnancy/maternity, race, religion/faith, sex, and sexual orientation. Marriage and civil partnership status applies to the first part of the duty.

8.4.3. Although it is not enforced in legislation as a protected characteristic, Haringey Council treats socioeconomic status as a local protected characteristic.

8.4.4. This report relates to the receipt of a grant and award of contract for provision of services to residents with substance misuse issues. The service by its nature

provides support to vulnerable people, including those with protected characteristics.

8.4.5. Substance misuse is highly stigmatised and so it is to be expected that adults, young people, and parents with protective characteristics may face additional challenges in seeking help. This is explored within the needs assessments, equity audits and service design. Having people with lived experience co deliver services and monitor service will further expand equity. Data from these projects will include all protective characteristics.

8.4.6. The contract specifications related to these services clearly set out the supplier's responsibilities under equalities legislation, including a requirement to have in place up to date equalities policies and to ensure that the service is accessible to all sections of the community.

8.4.7. The contractor's compliance with equalities legislation will continue to be quality assured through regular contract monitoring and service review.

## **9. Use of Appendices**

9.1. Appendix 1 – Exempt Financial Information.

## **10. Local Government (Access to Information) Act 1985**

10.1. Not Applicable.

This page is intentionally left blank

**Report for:** Cabinet Member Signing – 15 September 2022

**Title:** Public Health Commissioned General Practice Prevention Services

**Report authorised by:** Will Maimaris, Director of Public Health

**Lead Officer:** Sarah Hart, Senior Commissioner, Public Health, 0208 489 1480, [Sarah.Hart@haringey.gov.uk](mailto:Sarah.Hart@haringey.gov.uk)

**Ward(s) affected:** All

**Report for Key/ Non-Key Decision:** Key Decision

**1. Describe the issue under consideration**

- 1.1.** This report details the outcome of an open tender process and seeks approval to award contracts to the successful tenderers for the Provision of Public Health commissioned General Practitioners Prevention Services in accordance with Contract Standing Order (CSO) 9.07.1 (d).
- 1.2.** Subject to approval, the contracts shall be awarded for a period of four (4) years, commencing from 1 October 2022 to 30 September 2026 with an option to extend for a further period, or periods, of up to a total of four (4) years.

**2. Cabinet Member Introduction**

- 2.1.** Not applicable.

**3. Recommendations**

- 3.1.** The Cabinet Member for Health, Social Care, and Wellbeing is recommended:
- 3.1.1.** To approve the award of contracts for the Provision of Public Health commissioned General Practitioners Prevention Services to the successful tenderers (identified in exempt Appendix 1), for a period of four (4) years, commencing from 1 October 2022 to 30 September 2026 with an option to extend for a further period, or periods, of up to a total of four (4) years, in accordance with CSO 9.07.1(d).
- 3.1.2.** To note the contract prices: Unit costs for each activity within individual lot has been fixed by the Council based on benchmarking with other Local Authorities. The rate for each activity is agreed with Local Medical Committees (LMC) and GP federations prior to publishing the tender and subject to review every 2 years.
- 3.1.3.** To note that, currently, the maximum available budget for these contracts is £1,078,052 for 4 years and £2,156,104 for 8 years (if extended). GP practices will claim based on activity. For NHS health checks, practices will be set a

maximum cap. This will be allocated annually linked to eligible population, level of deprivation and performance.

- 3.1.4. To note that insufficient tenders were received across all Lots, therefore a further procurement process will be undertaken as a matter of priority to commission the remaining services. This would not increase the maximum available budget allocated to these services.

#### **4. Reasons for decision**

- 4.1. There is a clearly identified need within Haringey for these services to improve health outcomes for local people, including tackling health inequalities that exist for particular groups and local areas.
- 4.2. The decision to award contracts to the successful tenderer is based on the conclusion of a competitive procurement process. The proposed recommendation to award the contracts is made according to the outcome of the Most Economically Advantageous Tender, as detailed in section 6 of this report.
- 4.3. The recommended providers submitted a tender bid and have demonstrated that they have necessary accreditation, expertise and qualification to provide the services required.

#### **5. Alternative options considered**

- 5.1. **Do Nothing** - The Council could choose to no longer commission this service. However, National Health Service (NHS) Health Checks are a mandated service, so an alternative way of delivering would need to be found. It has been concluded that not providing these prevention services would be damaging to residents, especially those from economically disadvantaged groups. This is an extensive, specialist programme of services reaching residents living in the most deprived areas of the borough, whose lifestyle behaviour's is an important factor in their increased risk of developing a range of long-term conditions, many of which go undiagnosed. Local delivery of these services is valued, many women prefer to have their Long Acting Reversible Contraception (LARC) appointment at a local GP. GP opiate substitute prescribing is recommended by the National Institute of Health and Care Excellence (NICE) as an effective way to deliver drug treatment.
- 5.2. **Extend existing contracts** – Extension periods available within the existing contracts have been exhausted.

#### **6. Background information**

- 6.1. Life expectancy for men living in Haringey is 80.7 years, slightly higher (though not significantly) than the life expectancy in England (79.8 years)<sup>1</sup>. Life expectancy in females in Haringey is higher than males (84.8 years) and is

---

<sup>1</sup>

<https://fingertips.phe.org.uk/search/life%20expectancy#page/0/gid/1/pat/6/par/E12000007/ati/102/are/E09000014/cid/4/tbm/1/page-options/ovw-do-0>

also higher than the current life expectancy for England (83.4 years). Healthy life expectancy (HLE) at birth quantifies the average age that a baby can expect to reach and remain healthy. HLE in Haringey for males is 65.3 years compared to 66.3 years for females (both of which are similar to the England average). People living in the least well-off parts of the borough live 15 fewer years (on average) in good health compared to people living in the wealthiest areas<sup>2</sup>.

**6.2.** Premature mortality and poor health disproportionately affect people on lower incomes. A main contributing factor to this inequality is lifestyle behaviours such as smoking and substance misuse.

**6.3.** Public Health became a part of Haringey Council in April 2013 making the Council responsible for contracting the General Practice Prevention Services. A profile of General Practice Prevention Services is outlined in Appendix 2.

**6.4.** The current contracts for these services expire on 30<sup>th</sup> September 2022. The procurement has been undertaken to re-commission these provisions to ensure continuity of services to Haringey residents.

## **6.5. Procurement process**

**6.5.1.** The services provided under these contracts are considered Health and Social Care services and are therefore subject to Light Touch Regime under the Public Contracts Regulations 2015. An open tender process was carried out in accordance with the Regulations and the Council's Contract Standing Orders.

**6.5.2.** The tender was advertised by placing a contract notice via Find a Tender Service (FTS) and Contracts Finder on 4<sup>th</sup> May 2022. Also a copy of the contract notice was emailed to GP practices in Haringey.

**6.5.3.** The Invitation to Tender (ITT) and supporting documents were uploaded on to the Haringey Procurement and Contract System (HPCS) e-sourcing portal, where following a registration process, the potential tenderers can access the tender documents and submit their tenders electronically.

**6.5.4.** The Tender consisted of four (4) lots:

- Lot 1 - Opiate Substance Misuse Service
- Lot 2 - Long Acting Reversible Contraception (LARC)
- Lot 3 - Stop Smoking Service
- Lot 4 - NHS Health Checks

**6.5.5.** Initially there was a lack of response from GP Practices. To increase the interest Local Medical Committees (LMC) and GP federations had been informed of low take up and requested guidance/feedback to increase take up.

**6.5.6.** In order to allow more time for GPs to respond to the tender, the submission deadline was extended from 6<sup>th</sup> to 14<sup>th</sup> June 2022 and then until 28<sup>th</sup> June

---

<sup>2</sup> [https://www.haringey.gov.uk/sites/haringeygovuk/files/health\\_inequalities\\_public\\_health\\_report\\_2019\\_a4.pdf](https://www.haringey.gov.uk/sites/haringeygovuk/files/health_inequalities_public_health_report_2019_a4.pdf)

2022. Also, a number of workshops was organised to provide technical support for tenderers to access the Council's e-procurement system HPCS which increased the take up. Seventeen GPs registered their interest on the portal and accessed the tender documents. By the closing deadline of 28<sup>th</sup> June 2022, 15 GPs submitted tenders.

- 6.5.7. Tenderers were permitted to bid for more than one lot. As a result, in total 38 bids were received from 15 GPs across all 4 lots. Table below show the breakdown of bids received for each Lot:

Lot	Number of bids received
Lot 1 - Opiate Substance Misuse Service	6
Lot 2 - Long Acting Reversible Contraception (LARC)	10
Lot 3 - Stop Smoking Service	8
Lot 4 - NHS Health Checks	14

- 6.5.8. The submitted tenders were checked for completeness and compliance with minimum requirements prior to full evaluation.
- 6.5.9. The tenders were assessed on 100% quality, meeting the relevant accreditation, training and qualification requirement set out for each lot.
- 6.5.10. For Lot 1, 2 and Lot 4, the GPs were required to submit evidence of relevant training, qualification and/or accreditation certificate. Subject to meeting this requirement, all submitting GPs will be awarded a contract.
- 6.5.11. For Lot 3, the Council required one GP in each Primary Care Network (PCN) and therefore requested a written response to a method statement demonstrating their practise and how it intends to maximise access to service for those most at risk of developing long term illness or poor health as a consequence of smoking.
- 6.5.12. Out of 8 bids for lot 3, one scored lower point in comparison to other practices within the same PCN and two failed to submit a response to the method statement. A clarification request was sent to both practices which failed to submit the method statement but no response was received.
- 6.5.13. A list of successful tenderers and the lot/s they will be awarded is set out in Appendix 1 - Part B (exempt information) of this report.
- 6.5.14. Commissioners will monitor, and contract manage against each service KPIs via quarterly reports, monitoring meetings and site visits throughout the duration of the contracts. Providers will capture activities data using relevant respective systems, for example health check data is recorded in EMIS and produce activity reports.

## 7. Contribution to strategic outcomes

- 7.1. This service fulfils three crosscutting commitments of the Haringey Labour Manifesto:



- A. Tackling inequalities and poverty - making services equitable and easily accessible for all Haringey residents.
- B. Living Well Approach - locally delivered services
- C. Protecting our residents - Improved community safety for all ages

## **8. Statutory Officer Comments**

### **8.1. Finance**

- 8.1.1. The budget breakdown (identified in exempt Appendix 1) demonstrates that budgets are in place to meet the costs of the proposed contracts for Lots 1-4 of the Public Health Commissioned General Practice Prevention services.

### **8.2. Procurement**

- 8.2.1. The procurement process was carried out in line with the requirements of Schedule 3 of the Public Contracts Regulations 2015; it was duly advertised and procedurally correct
- 8.2.2. The award is also compliant with Contract Standing Orders 16.02 and 9.07
- 8.2.3. Moreover, the tendered GP services provide best value as the price was fixed by the Council, having been benchmarked against other authorities. However, the process did not meet the full complement of service provision and a further tender process will follow to meet requirements.
- 8.2.4. During the contract term commissioning will monitor service provision to ensure contract outcomes are met.

### **8.3. Legal**

- 8.3.1. The Head of Legal and Governance (Monitoring Officer) has been consulted in the preparation of the report.
- 8.3.2. The contracts which this report relates to have been procured in accordance with the Public Contracts Regulations 2015 and the Council's Contract Standing Orders.
- 8.3.3. Pursuant to Contract Standing Order 16.02 and Contract Standing Order 9.07.1(d) the Cabinet Member having the relevant portfolio responsibilities has authority to approve the recommendations in the report.
- 8.3.4. The Head of Legal and Governance (Monitoring Officer) sees no legal reasons preventing the Cabinet Member for Health, Social Care and Wellbeing from approving the recommendations in the report.

### **8.4. Equality**

- 8.4.1. The council has a Public Sector Equality Duty under the Equality Act (2010) to have due regard to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act
  - Advance equality of opportunity between people who share protected characteristics and people who do not
  - Foster good relations between people who share those characteristics and people who do not
- 8.4.2. The three parts of the duty apply to the following protected characteristics: age, disability, gender reassignment, pregnancy/maternity, race, religion/faith, sex and sexual orientation. Marriage and civil partnership status applies to the first part of the duty. Although it is not enforced in legislation as protected characteristics, Haringey council treats socioeconomic status as a local protected characteristic.
- 8.4.3. This report details the outcome of an open tender process and seeks approval to award contracts to the successful tenderers for the Provision of Public Health commissioned General Practitioners Prevention Services in accordance with Contract Standing Order (CSO) 9.07.1 (d).
- 8.4.4. The commissioned services meet a need to improve health outcomes for local people, including by tackling health inequalities that exist for particular groups and local areas.
- 8.4.5. These contracts have been developed along with services in pharmacies and community outreach to offer a number of alternative ways for residents to access services. Thus, aiming to address health inequalities as identified through the Joint Strategic Needs Assessment. A full Equality Impact Assessment was conducted as part of the previous tendering process. All providers collect data to enable public health to monitor their fulfilment of equalities duties.

## **9. Use of Appendices**

- 9.1. Appendix 1 – Part B of the report - Exempt Information
- 9.2. Appendix 2 – Brief description and profile of services
- 9.3. Appendix 3 - Equality Impact Assessment

## **10. Local Government (Access to Information) Act 1985**

- 10.1. This report contains exempt and non-exempt information. Exempt information is contained in the exempt report and is not for publication. The exempt information is under the following category: (identified in the amended schedule 12 A of the Local Government Act 1972 (3)) information in relation to financial or the business affairs of any particular person (including the authority holding that information).

## Appendix 2 – Brief description and profile of services

### Lot 1 – Opiate Substance Misuse Service (also known as Opiate substitute prescribing (OSP) or Shared care)

The prevalence of opiate<sup>3</sup> drug users in Haringey is estimated to be 2,000 residents. In 2019/20 there were 717 residents in opiate substitute prescribing (OSP) treatment. Shared care is the term used to describe the provision of OSP within a general practice. The GP is the main provider with support from a key worker from The Grove (adult drug treatment service). Shared care is aimed at service users with medium to low threshold management requirements. For some it acts as a steppingstone to abstinence, but it is primarily for those requiring stable long term prescribing.

Generally, around 100 residents per year are in shared care, either with their own GP or within a GP practice acting as a hub for their own and other practice's patients. All shared care clients will initially have entered treatment via The Grove and moved onto the scheme as part of a care plan. Shared care provides the following benefits over care in a specialist drug service: <sup>4</sup>

- A way to normalise care and decrease stigma
- A more “relaxed” service than specialist prescribing, and one that service users enjoy
- An opportunity to closely manage the physical, mental and social problems of an otherwise hard to reach group
- For women it is a less intimidating environment than the male dominated drug service.

### Lot 2 – Long acting reversible contraception (LARC):

Effective, easy to use and free contraception protects women and teenage girls from unwanted pregnancy. Nationally, there were 817,515 conceptions in 2020 to women aged 15 to 44 years in England and Wales, marking the sixth consecutive annual decrease.

LARC is a method of birth control that provides effective contraception for an extended period without requiring user action i.e. taking a pill or using a condom. LARC methods include injections, intrauterine devices (IUDs) and sub dermal contraceptive implants. They are the most effective reversible methods of contraception because they do not depend on patient compliance.

In Haringey, the proportion of women aged under 25 who chose long active reversible contraception (LARC) as their main method of contraception has increased significantly from **17%** in 2014 to **28%** in 2018. Among women aged 25 and over, the use of LARC has also significantly increased from **30%** in 2014 to **43%** in 2018. Use of LARC among both age groups were in line with the London average but lower than the England average. The main methods of contraception chosen by residents in Haringey were

<sup>3</sup> Opiate use is primarily heroin and methadone

<sup>4</sup>Drug misuse & dependence: guidelines on clinical management. DOH. London: MSO, 1999.

36.5% LARC (excluding injections), 7.3% injectable contraception and 56.3% user dependent method (UDM).

In Haringey LARC is primarily provided in our sexual health services, however some women prefer to access the service via their own GP. This is more convenient for them and less costly for the council. LARC is a specialist intervention so not all GPs would feel able to provide. The majority of LARC GP providers are located in the east of the borough operating under an 'open access agreement', thus any women registered with a GP in Haringey can access a GP providing LARC.

Annually approximately 2,500 LARC provisions are provided to women who access this service via the GP LARC open access contract.

Nationally, the under-18 conception rate fell to 13.1 conceptions per 1,000 women in 2020 from 15.8 per 1,000 women in 2019, continuing the trend of decreasing conception rates and record lows seen since 2007. This trend in under 18 conception rate is also reflected in the most up-to-date Haringey under 18 conception data which reported a marked decline between quarter 4 conception data (October- December 2020) at 10.8 conceptions per 1000 women and quarter 1 (January-March 2021) at 4.5 conception per 100 women.

Regionally, London has seen the biggest decrease in conception rates in the last decade from 90.1 conceptions per 1,000 women in 2009 to 76.2 in 2020, a 15% decrease.

It is important to note that the coronavirus (COVID-19) pandemic, and subsequent national lockdown and restrictions could have impacted the overall number of conceptions and conceptions rates in 2020. However, it is also worth noting that previous government and Borough initiatives such as LB Haringey's diverse sexual health services comprising of GP LARC providers as part of an open access referral system alongside broader contraceptive services within the Borough would have contributed to this downward trend.

### **Lot 3 - Stop Smoking Service:**

Smoking remains the single biggest preventable cause of death and illness in England<sup>5</sup>. In 2020 Haringey was ranked 8th highest in London for smoking prevalence. Nearly 15% of adults aged over 18 are current smokers (14.9%), higher than England (13.9%) and the London region (12.9%)<sup>6</sup>. Smoking prevalence is highest in deprived communities and yet reductions in smoking have been slower in these communities. Stopping smoking increases chances of living a longer and healthier life and hence help to reduce health inequalities along with a reduced risk of heart disease, stroke, vascular disease, respiratory disease, and a whole range of cancers.

In Haringey, currently stop smoking services are provided by One You Haringey (OYH) which is a community based service and by pharmacies. There is a strong body of evidence supporting Stop Smoking services to be delivered within GP practices. The Stop Smoking Service in GP Practices will improve access to, and choice of, stop smoking services and help to reduce smoking-related illnesses and deaths.

<sup>5</sup> [https://ash.org.uk/wp-content/uploads/2019/09/ASH-Briefing\\_Health-Inequalities.pdf](https://ash.org.uk/wp-content/uploads/2019/09/ASH-Briefing_Health-Inequalities.pdf)

<sup>6</sup>

[https://fingertips.phe.org.uk/search/smoking#page/3/gid/1/pat/6/par/E12000007/ati/102/are/E09000014/iid/92443/age/168/sex/4/cid/4/page-options/ovw-do-0\\_car-do-0](https://fingertips.phe.org.uk/search/smoking#page/3/gid/1/pat/6/par/E12000007/ati/102/are/E09000014/iid/92443/age/168/sex/4/cid/4/page-options/ovw-do-0_car-do-0)

Furthermore, Stop Smoking Service in GP Practices can be more targeted. For example, among provision of a structured Stop Smoking programme in a one-to-one basis and over 12 weeks providing behavioural support and Smoking medication, they will be supported by the specialist Stop Smoking service to which those smokers who are pregnant, those with COPD, living with severe mental illness, co-morbidities, or using smokeless tobacco can be referred.

#### **Lot 4 - NHS Health Check:**

The NHS Health Check is a national programme offering a health check-up for adults in England aged 40-74 every five years<sup>7</sup>. It was launched in 2009 to reduce ill-health from cardiovascular disease (CVD), which was the biggest killer of adults. In Haringey, under 75 mortality rate from all cardiovascular diseases is 80.7 per 100,000 population between 2016-18<sup>8</sup>. This is higher than both London (70.5) and England (71.7).

CVD covers coronary heart disease, stroke and other conditions such as vascular dementia, chronic kidney disease, cardiac arrhythmias, Type 2 diabetes, sudden cardiac death and heart failure.

The Health Check helps to estimate individual's risk of having a heart attack or stroke in the next 10 years and of developing type 2 diabetes and kidney disease. Underpinning this is an assessment of 6 major risk factors that drive early death, disability, and health inequality: alcohol intake, cholesterol levels, blood pressure, obesity, lack of physical activity and smoking. People aged 65 to 74 are also made aware of the signs of dementia.

Based on the reviews, individuals are advised to reduce the likelihood of CVD related illnesses by helping them to adopt healthier behaviour, referring them to existing specialist services, or by prescribing medication such as statins.

Currently health checks are primarily provided by GP practice staff, but they are also done by the One You Haringey community service. The target number of checks for Haringey is 3500 (3200 via GPs).

---

<sup>7</sup> Public Health England. 'NHS Health Check best practice guidance.' 2019 (accessed 29 June 2022)

<sup>8</sup> Public Health England (2020) Haringey: Local Authority Health Profile 2019

Appendix 3 - Equality Impact Assessment

Information within this report is sourced from:

<https://www.haringey.gov.uk/social-care-and-health/health/joint-strategic-needs-assessment-jsna>

By virtue of paragraph(s) 3, 5 of Part 1 of Schedule 12A  
of the Local Government Act 1972.

Document is exempt

This page is intentionally left blank



By virtue of paragraph(s) 3, 5 of Part 1 of Schedule 12A  
of the Local Government Act 1972.

Document is exempt

This page is intentionally left blank